

PART B - FEE(S) TRANSMITTAL

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7590

03/15/2005

Roxana H Yang
 Law Office of Roxana H Yang
 P O Box 400
 Los Altos, CA 94023

05/17/2005 AKELECH2 00000015 502051 09776598

01 FC:1501 1400.00 DA
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<u>Roxana Yang</u>	(Depositor's name)
<u>[Signature]</u>	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/776,598	02/01/2001	Luosheng Peng	10480-005-999	9313

TITLE OF INVENTION: APPARATUS AND METHODS FOR PROVIDING DATA SYNCHRONIZATION BY FACILITATING DATA SYNCHRONIZATION SYSTEM DESIGN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700 1400	\$300	\$1000 1700	06/15/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
VU, VIET DUY	2154	709-219000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 PATENTESQUE LAW GROUP, LLP
- 2 ROXANA H. YANG
- 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

InnoPath Software, Inc.

Alviso, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502051 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

Typed or printed name

Registration No.

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